| 1  | 12/07/2004 TUE 14:55 FAX 937 445 6794 NCR CORPORATION   |                             |  |  |   |   | Ø 001/00   |  |
|--|---|-----------------------------|--|--|---|---|--|--|
|  | PE  | PART B - FEE(S) TRANSMITTAL |  |  |   |   |  |  |
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|  | Michael Chan Intellectual Property Section Law Department NCR Corporation 101 West Schantz ECD 2  |                             |  |  | I hereby certify that<br>States Postal Service<br>addressed to the Ma<br>transmitted to the US  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUB FEB address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. |  |  |
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| 01 FC:1501 1370.00 DA DFI 0.7 2004 U   |   |                             |  |  |   |   | (Date)   |  |
| 1  | APPLICATION NO.   | FILING DATE                 |  | PIRST NAMED  | INVENTOR  | ATTORNEY DOCKET NO.   | CONFIRMATION NO.   |  |
| •  | 09/651,982 08/31/2000   |                             |  | Ramin C. Nakisa  |   | 8767.00   | 3080   |  |
|  | TITLE OF INVENTION: E   |                             |  |  |   |   |  |  |
| ļ  | APPLN. TYPE   | SMALL ENTITY                | ISSUE F                                    |  | PUBLICATION FEE   | TOTAL FEE(S) DUE  | DATE DUE   |  |
|  | nonprovisional  | МО                          | \$1370                                     | )  | \$0   | \$1370  | 01/07/2005   |  |
|  | EXAMINER  |                             | ART UNIT                                   |  | CLASS-SUBCLASS  | <b>]</b> .  |  |  |
|  | HOLMES, MICHAEL B   |                             | 2121                                       |  | 706-047000  | <b>-</b>  |  |  |
| ,  | 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  X Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Pee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                             |  | (1) the nam<br>or agents O<br>(2) the nam<br>registered a<br>2 registered                | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  |   |                             |  |  |   | <u> </u>  |  |  |
|  | PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the documen recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.   |                             |  |  |   |   | locument has been filed for  |  |
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